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ABSTRACT

The first part of this paper on the developmental consequences of children's exposure to chronic violence provides background information on the problem of violence. Developmental consequences of exposure to domestic and community violence for children at various developmental levels are briefly outlined. Consequences for children include: (1) mis-socialization into the use of violence; (2) impaired learning ability; (3) feelings of guilt and worthlessness; (4) inability to see a hopeful future; (5) helplessness; and (6) regression to earlier developmental stages. Factors that might protect children from the consequences of violence include the child's temperament; supportive adults; and alternative experiences provided by schools, day care facilities, and after-school programs. The second part of the paper discusses ways to offset the negative effects of violence on children. Educational staff can provide a supportive relationship with children and can organize schedules that provide consistency in teaching and caretaking. Within the confines of such relationships and schedules, children should be offered many opportunities to express their emotions. These opportunities can come through play with toys, dramatic play, art activities, and storytelling. The effectiveness of direct work with children can be enhanced by communication with parents. (BC)

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"HELPING CHILDREN COPE WITH THE CONSEQUENCES OF VIOLENCE"

(Revised NAEYC presentation - Part I)

November, 1991

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INTRODUCTION:

There is a growing body of research that results from concerns that children living in chronic danger will adapt in ways that produce long term developmental harm, physical damage, and emotional trauma. For inner city children, in particular, the concern is that they will be mis-socialized into a model of fear, violence, and hatred as a result.

The developmental consequences of exposure to chronic violence is the subject of our topic today.

In 1987, in response to increasing concerns related to the victimization of children exposed to chronic violence, the Erikson Institute initiated a series of projects designed to improve public and professional understanding of children who live in dangerous environments.

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The first stage of the project examined the effects of war on children. The research team collected this information in war zones -- areas of armed combat -- the Middle East, South Africa, Central America, and Southeast Asia.

The second stage of the project will involve data collection in inner-city environments in support of a growing body of anecdotal information collected in a variety of pilot projects and interviews. (Lots of stories from teachers, mothers who live in the projects, stories from children.)

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Today's session is going to be divided into roughly three parts. I am going to begin by providing a background on the problem of violence in this country and how living with violence affects children and their families. I should note that we will be emphasizing the effects of "community violence" as opposed to "domestic violence."

In the second section we will present some ideas about how you can help alleviate the fallout that occurs when young children and their families experience violence.

We will then have a final period to discuss some of the problems you are facing in your daily work.

THE PROBLEM - VIOLENCE IN THE INNER-CITY

If anyone has any doubts about whether we have a problem with violence in our nation, let me give you a few statistics. The murder rate in this country is the fifth highest in the world. It is 10 times higher than England's and 25 times higher than that of Spain.

For many inner city children, violence has become an overwhelming way of life. In one study in Chicago of more than 1,000 youngsters, 74% of them had witnessed a murder, shooting, stabbing, or robbery (Bell, 1989; *Chicago Tribune*, 9/28/90).

-Almost half (47%) of these killings, stabbings etc. involved friends, family members, classmates, or neighbors.

-Almost half (46%) of these students reported that they had personally experienced at least one violent crime, ranging from having a weapon pulled on them to being robbed, raped, shot, or stabbed.

These figures are similar to those found in other areas of the country (Baltimore, [Atlantic Monthly, June 1990]; Los Angeles County, [Pynoos, 1986]; New Orleans [Osofsky, 1990]).

CONSEQUENCES FOR CHILDREN (in general)

As these facts demonstrate, exposure to chronic violence reaches deeply into the fabric of family life, and it has profound implications for children's development.

As VICTIMS or WITNESSES the consequences for children can range from minor injury to death -- from brief psychological disruption to permanent "psychic scars." While physical injuries are a problem, the consequences of greatest concern are psychological and moral (Garbarino, 1990).

1. Perhaps the most immediate and devastating consequence is when children are made vulnerable because of disruptions in their most important [primary] relationships. As we saw above, over 1/2 of the victims of the events that children witnessed were FRIENDS, CLASSMATES, or FAMILY MEMBERS. All of us are at greater risk for psychological impairment when we lose the people who are closest to us.

2. Another very important fact demonstrated by the research literature is that ongoing experience with violence does not inoculate children against negative outcomes; instead, it makes them more vulnerable. THEY DO NOT "GET USED TO IT." The longer the violence continues, the fewer resources and sources of support children have to draw upon.

We also know that children under the age of 11 are three times more likely to suffer from PTSD than children over 12 (Davidson and Smith, 1990).

3. The third thing we need to mention is that exposure to violence is made worse because the effects of risks multiply;

[Research: "Permanent developmental damage is more likely to occur when multiple risks are present in a child's environment, multiplying each other's destructive effects. The risk of developmental harm from exposure to violence increases when compounded by other biological, cultural, psychological and social risks. Thus, the risk of developmental harm needs to be understood in terms of cumulative stress from a variety of stressors throughout the course of development. *Rutter has noted that while a single risk is no more likely to cause developmental harm than no risk at all, when two risk factors occur simultaneously, the chance of damaging consequences increases fourfold, and when four or more risk factors occur, the risk increases tenfold.* Unfortunately, for inner-city children the risks of living in the midst of violence are compounded by the risks of living in poverty, which includes malnutrition, unsuitable housing, inferior medical care, inadequate schools, family disruption, family violence, and maladaptive child rearing patterns" (Garbarino et al., in press)].

It is the combination of problems that a child faces that has the greatest potential for developmental harm. Thus, when you combine family problems such as child abuse, alcoholism, or severe deprivation with the problems of community violence, the risk for later psychological impairment is reinforced.

TYPES OF VIOLENCE:

Let us take a few minutes to look at the kinds of violence to which children are exposed:

DOMESTIC VIOLENCE:

First of all there is child abuse, where the child is the victim of physical assault. It is common knowledge that family violence is strongly correlated with alcohol and drug abuse, poverty, unemployment, and the stress resulting from minority status. Children whose families suffer from these problems are more likely to be victims of violence at the hands of family members.

They are also more likely to be victimized by family acquaintances or neighbors because they do not receive the protection from parents and older siblings that is necessary to keep children safe.

But these children often live in families where there is abuse of other family members, where fighting is a common occurrence and is the usual way for resolving conflict. Many of these children witness parents attacking one another, usually the father or boyfriend assaulting the mother.

Children suffer from being victims and witnesses.

COMMUNITY VIOLENCE:

We add to these problems the fact of community violence -- inner city neighborhoods where gangs and drugs have taken over, adding to the problems of unemployment, inadequate health care, and poor housing.

We know that parents living in supposedly safe neighborhoods cannot always protect children from accidents and assault. Parents living in the inner city are faced with an almost impossible task when it comes to keeping children safe.

Children who are not designated victims of assault can be unintended victims. Shoot-outs between gangs, turf fights by drug dealers, and drive-by shootings result in the wounding and often killing of innocent bystanders. Being "caught in cross fire" is one of the most frequent pictures that children draw or express in their stories of where they live. Concern about being caught in cross fire is also one of the most common statements made by mothers -- here as well as in the war zones.

Another special issue for children living in dangerous environments is the association of school with danger in the minds of children. Studies indicate that fear of the neighborhood and fear of the school itself results in a greater incidence of absenteeism. As we have seen so often in the newspapers -- Monday, it was Farragut again -- the school environment inside the building is the scene of increasing violence. When we were at the Jenner School in Cabrini last year, we heard the staff describe stories about evacuating the children to the inner corridors of the building to remain safe because of a gang shoot-out outside. There is no school that we went into where similar experiences were not common. And what I know from my own experience -- comparing it to the public school settings -- the school age programs in many community-based buildings are far more vulnerable than the castle-like fortresses of the public school buildings.

[Research: During the 1990-91 school year in Chicago, police made 9,822 arrests on and near school grounds. Of these arrests, 9 were for murder; 153 for carrying guns; 244 for aggravated battery; 28 for aggravated criminal sexual assault; 51 for burglary; 218 for robbery; 11 for felony theft; 15 for auto theft; and 380 for carrying knives and other weapons (Wiltz and Johnson, 1991 cited in Garbarino, et al., in press)]

The overwhelming issue for children in situations of community or domestic violence is SAFETY -- both physical and psychological. For children living in these conditions, feelings of being safe and secure are almost unheard of.

DEVELOPMENTAL CONSEQUENCES (of living in danger):

What effect does this kind of violence have on children? I think that everyone would agree that there is almost no area of development that is not profoundly affected.

INFANCY: The first task of development is for a child to be able to TRUST in the caregiving world around him -- that he / she will be loved, fed, clothed, and comforted in distress. This task starts in infancy but continues throughout childhood.

Growing up in a violent community makes this task very hard to achieve. Families find it very difficult to provide infants with support, love, and affection when they live in a constant state of fear and worry.

TODDLERS: Exploration of the environment -- reaching out into a safe world -- is a critical task for a child's expanding intellectual development. But parents in inner-city communities find that they must restrict toddlers from exploring their environments -- when those environments are filled with danger.

PRESCHOOLERS AND SCHOOL AGE CHILDREN are also increasingly confined to home base and prevented from going out into the larger world of their immediate neighborhoods. Just at the age when they should be expanding their social contacts and

finding out about people beyond the family, their activities are restricted by the dangers lurking outside.

This is just as true for many preschool and school-age programs as it is for parents -- as many of you are aware -- where "playing outside" in many communities has become almost impossible. Think about what that means for children's physical, social, and emotional development! In our program, we had very limited space; playing vigorous games, or even reading books on the grass or playing jump rope or four-square outside in the parking lot is almost a thing of the past.

In every elementary school we visited, there was no outside play time allowed because of the increasing problems with shooting in the community. These limitations have serious consequences for development -- for a child's healthy physical development, certainly, but perhaps most significantly, because the opportunity to relate to peers in "playground" or recess activities -- one of the school age child's richest and most productive social arenas -- is virtually gone.

Then, if we add to these problems, the possibility of violence in the family, an even more tragic picture emerges. Where can a child find protection when he or she is victimized in his or her own home -- and the community and the school environment are also not safe?

WHAT DO WE KNOW ABOUT WHAT HAPPENS TO THESE CHILDREN?

Children who grow up under conditions that do not allow them to develop trust in people and in themselves, or learn to predict the patterns in their day-to-day lives are at risk for pathological development.

MIS-SOCIALIZATION INTO VIOLENCE: A serious concern is that children will be mis-socialized into violence as a way of handling problems.

We know that they are at risk for resorting to violent behaviors themselves. The anger that is instilled when children are mistreated, or when they see their mothers or siblings mistreated is likely to be incorporated into their personality structures.

Children learn by identifying with the people they love. They also identify with the people who have power and control. When children see and experience abuse and violence as a way of life, when the people who are responsible for them behave savagely, they may learn to behave in the same manner. Many of the children we talk to tell us that they want to have a gun when they grow up ...

WHO IS THE ENEMY? As noted earlier, we have had special interest in exploring the differences and commonalties evident in comparing the violence of inner city areas with the violence of armed conflicts in time of war. We have found that the comparison of gang-controlled communities to war zones reveals the universal impact of living with physical danger and the threat of violence, and that those most at risk in both types of situations are likely to be poor.

However, individuals who live in a war zone often have an identifiable enemy and a sense that the conflict, no matter how long, is essentially a temporary state of affairs that will end once the conflict is resolved. They also receive societal support for their suffering, and they generally live within a community united by its aims and strong cultural traditions. It is this support and validation that enables individuals to cope with the impact of war and to maintain family and cultural ties despite intense stress and suffering.

In gang-controlled communities, the enemy is not so easily identified. Is it the young mother on drugs, the older brother who is a gang member, or the police who fail to respond to calls for help? In each of these cases, the protectors and the dangerous people may be one and the same.

Children are confused when they can't tell the good guys from the bad guys. Their families and television tell them that the drug dealers are bad and the cause of the problems in the community, but they know that cousins or friends, or even older brothers, are dealing. Nowadays we hear the inner city called a "war zone" -- especially the housing projects. But in a war, the enemy is on the outside; the enemy is not one of you, and everyone knows who the enemy is.

IMPAIRED ABILITY TO LEARN: But children growing up with violence face risks other than becoming violent themselves.

Children who live with danger develop defenses against their fears, and these defenses can interfere with their learning. When children have to defend themselves constantly from outside or inside dangers, their energies are not available for other tasks, like learning to read and write.

We know from the work of Lenore Terr and Robert Pynoos, that children's memories may be distorted following a traumatic event, and that their sense of time can be impaired about the event. There is evidence that other cognitive functions can be affected by experiencing trauma. In public schools, we had many teachers tell us things like "he used to be such a good student, but now he just seems to sit there" ... that he seems "to be going down hill." We have had mothers tell us [after a violent event] that their children "couldn't seem to

remember anything anymore" . . . they kept "forgetting to take lunch" . . . that they "daydreamed a lot."

GUILT AND WORTHLESSNESS: Children who are victims of abuse and who see abusive behavior in their families can grow up feeling they are responsible for what is happening.

We know that children cannot always differentiate between what is real and what is part of their inner lives. The literature on divorce has made clear that many children feel they have caused the break-up of the family even though it had nothing to do with them.

Children who feel guilty about the violence in their families often perceive themselves as being bad and worthless. These feelings of worthlessness can lead children to the idea that they are not capable of learning, which leads, in turn, to a lack of motivation to try their best in school.

A sense of worthlessness, of feeling guilty, and feeling bad may lead to suicidal impulses in some children. (Take seriously.)

"FUTURELESSNESS:" Children who experience traumas may have difficulty seeing themselves in future roles that are meaningful. Lenore Terr in her study of the school children of Chowchila who were kidnapped in their school bus found that their views of their future lives were limited and often filled with anticipation of disaster. Children who cannot see a decent future for themselves, cannot give their all to the present task of learning and becoming socialized. Alex Kotlowitz: There Are No Children Here (1990): What do you want to do when you grow up? *If* I grow up ...

HELPLESSNESS / AUTONOMY: Children who live in frightening situations may also feel they have no control over their lives. We know that young children need to feel that they can direct some parts of their lives. But the children who are victims of violence learn that they have no say in what happens to them. This sense of helplessness interferes with the development of autonomy.

REGRESSION: In talking about the consequences of living with chronic violence, we have mentioned some of the symptoms that children exhibit in response to these events: loss of memory, a distorted sense of time, the inability to concentrate because of lack of energy etc.

It is important to note that much of the research done on children's reaction to danger evolved from an interest in post traumatic stress syndrome. But many of these studies were conducted in response to single events ... a kidnapping, the Laurie Dann shootings, for example. We know however that living with chronic violence is different from coping with a single event, even if that event is serious and frightening. But we can benefit from the research on PTSD.

What this research tells us about the symptoms we have mentioned -- is that an almost universal reaction of children to trauma is REGRESSION:

Children slip back to stages at which they felt more comfortable or more secure . . . or they regress because they have only a tenuous (shaky) hold on their current status.

In addition to memory loss, daydreaming, and difficulty concentrating ("intrusive thoughts"), mothers speak of thumbsucking, nightmares, crying, exaggerated startle responses, stomach aches, fear of sleeping alone, loss of bowel and bladder control etc.

Older children resort to aggressive, angry or destructive play -- imitating behaviors they have seen as well as showing a desperate need to protect themselves.

Many school age children "act tough" to deal with their fears.

They also act uncaring because of having to deal with so much hurt and loss. Frequently, they are very sad. Terr speaks to "psychic numbing" that may lead to major personality changes.

Relationships with friends and teachers may be disrupted.

Children who have been exposed to chronic violence are often afraid to explore new things or take advantage of new opportunities for fear of re-experiencing traumatic events. They attempt to avoid all reminders of these events.

Overall: There is not one universal set of responses a child has; but rather, what is common, is that the child slips back to the point where he / she felt more secure. While some effects may become evident immediately, other effects may not appear until years later in the child's life.

-Preschool children tend to exhibit more passive and regressive reactions.

-School age children display more aggression as well as more inhibition, difficulty in school.

-Adolescents respond to community violence by a "premature entrance into adulthood or a premature closure on identity formation"

PROTECTIVE FACTORS AND RESILIENCE:

One way to think about these problems for children is to think about some of the things that we know help or hinder a child's efforts to cope. In the research literature, these factors are usually referred to as "protective factors" that contribute to a child's "resilience."

NOT ALL CHILDREN SUCCUMB TO PSYCHOLOGICAL IMPAIRMENT AS A RESULT OF EXPOSURE TO CHRONIC DANGER:

The protective factors that buffer trauma: [(1) biological factors, (2) supportive relationships with important adults, (3) schools, churches, community based organizations that provide: opportunities to interact with supportive adults; a flexibly structured program with clear limits and expectations; opportunities to develop self-esteem and coping skills through developmentally appropriate curricula that offer many opportunities for self-expression (play, art, storytelling). See Werner, 1990.]

(1) BIOLOGICAL FACTORS: We can start with the child's biological make-up: If a child has the kind of temperament that is called "easy," and it fits with caretakers expectations, that baby is more likely to be off to a good start. We also know that gender and intelligence are important. Girls tend to have a better chance than boys and intelligent children are usually better problem solvers and therefore have the advantage of finding a wider range of techniques for dealing with trauma.

(2) SUPPORTIVE, CARING ADULTS: The most significant factor -- and one that we shall return to when we talk about intervention -- what you can do to help children cope -- has to do with the availability of supportive adults in the child's environment who can "buffer" or absorb some of the environmental stress.

If adults are willing to listen to children's fears, to reassure them, and to provide appropriate outlets for them, children are better able to cope with stress.

[Research on the mother-child relationship during war is useful in helping us understand the importance of parental buffering. Convergent research on children in war has found that the level of emotional upset displayed by the child's parents, not the war situation itself, was the most important factor in predicting the child's response.

In another study of mothers and children living in Beirut during the 1982 war, it was found that the mother's perception of the war's negative effects on her children was a stronger predictor of psychological disturbance than the number of war related experiences. Mothers who perceived the events in their lives as affecting them negatively and who responded by getting upset or losing hope, had the most depression. The mother's depression was a major determinant of psychological disorders among her children. (Garbarino et al., in press)]

What we find is that most children are able to cope with dangerous environments and maintain reservoirs of resilience so long as parents are not pushed beyond their "stress absorption capacity" (Garbarino, 1989). Once that point is exceeded, however, the development of young children deteriorates rapidly and markedly. Reservoirs of resilience become depleted, and day to day care breaks down. PARENTAL / ADULT BUFFERING CAN BE VERY IMPORTANT.

(3) ROLE OF SCHOOL / DAY CARE / AFTER SCHOOL (church, other community organizations) have been shown to play a significant role in helping children become more resilient. Many children can overcome the hurts and fears of their daily experiences by using the positive experiences that occur both inside and outside of their families. Day care centers,

school-age programs, schools, and churches can be resources to children and offer them alternative perceptions of themselves, as well as teaching them skills.

There are three very important factors that have been shown to be effective in these programs (as noted above):

-the availability of supportive adults -- teachers and staff who provide what they do not get in their families or who supplement what families cannot offer.

-the second feature of these programs that helps children develop resilience is a program that offers a consistent, flexible, well-structured program with clear limits, rules, and expectations. In this setting a child is helped to achieve a sense of control by being able to predict what is coming next ...

-the third feature of these programs (that helps children develop resilience) is a program of activities that fosters the development of self-esteem and control through a balanced program of developmentally appropriate activities... especially many opportunities for self-expression through dramatic play, art activities, and story telling.

In closing Part I of the presentation, I wish to underscore the pivotal role of adults in mediating stress for children with these words by Jim Garbarino.

"The therapy of choice in situations of chronic danger is one which builds upon the child's primary relationships to create a new, positive reality that can withstand the "natural" conclusions a severely traumatized child is likely to draw about self-worth, about the reliability of adults and their institutions, and about safe approaches to adopt toward the world. Creating and sustaining such a positive and persuasive personal

narrative requires sympathetic adults who will cooperate with children in this challenging process" (Garbarino et al., in press).

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HELPING CHILDREN COPE WITH VIOLENCE

In the second part of this session I would like to focus on action. What can professionals do to offset the negative effects of violence in the lives of young children? Notice I said "offset", because I do not think that teachers, social workers, and human service personnel can cure all the hurts experienced by children in the United States today. I personally think that we are having an epidemic of violence caused by larger social problems that require social action. If we try to solve all of society's problems within the framework of our jobs, we will become disillusioned and discouraged. What I think each of us can do as a professional is to carve out an area where we think we can really make a difference in the lives of young children and their families, and then do our best.

What can we do to help and support youngsters who are the victims of violence? The most important thing a preschool program or a day care center can do is to provide an opportunity for children to develop meaningful relationships with caring and knowledgeable adults. The teachers and other staff members in the program can offer each child a chance to form an important relationship with one of them. Children who have had flawed relationships within their own families can learn that there are people in the world who can be of help by relating to them on the basis of their needs, not those of the adults. For those children who live within reasonably stable, nurturing families, but who are exposed to violence in the community, a close relationship with an adult provides a haven within which the child can express the feelings of fear, anger, or helplessness that are provoked by the violence. These phrases sound glib, but they are important - not just to say, but to do. What I am saying is that the best thing we can offer children-at-risk is ourselves. If we are available, both physically and emotionally, children will make use of us.

Some years ago, the famous Chicago analyst, Franz Alexander, coined the term "corrective emotional experience". And that term comes closest to what I am trying to describe here today. It means having a relationship with another person that touches one's deepest core. Not a relationship that is superficial or intellectual, but one that engages one's emotions. It means having a relationship within which a person can re-do old patterns and ties. It means feeling safe enough within a relationship to express one's real thoughts and feelings and perhaps to risk making basic changes in one's psychic structure. Now, we cannot force children to have these kinds of relationships with us. (In fact, we cannot force anybody to do anything that is really meaningful.) We can only offer children the opportunity to engage with us and hope that they take us up on it.

Some children bond easily, and it does not take much effort on our parts for them to form attachments. These are usually the children who have had at least one good relationship in their past. Other children have not been lucky enough to have had the kind of relationship that makes them want to seek out others and repeat this satisfying experience. These children need more help in forming ties and in establishing trusting alliances.

What can we do to stimulate the formation of relationships with children who do not come easily to this task? First, we can look into ourselves and see if we are ready for these kinds of relationships - relationships that make demands on our emotions and on our energies, and make demands on our time. Needy children exact more from us. We tend to think of a relationship as being a 50-50 proposition, but in an adult-child relationship, when the child has inordinate needs and does not have past experience in a give-and-take partnership, the responsibility falls upon the adult to meet the child more than half-way.

The second thing we can do is to organize our schedules and our time with the children so that we provide as much consistency as possible in our caretaking

and teaching. We encourage attachment by reducing the number of people the child encounters during the day, and maximizing the amount of meaningful time and activity the child has with one adult. In this way we allow each child to form an attachment to one person. There are several models, including therapeutic centers, child life programs, and primary care nursing, that use relationship as the principal tool in the interventions they provide. Establishing significant relationships with the children who have suffered from trauma is the most important thing we can do, and it is the basis for all of our other work with these children.

Let's now discuss what this other work is. It is providing structure and very clear expectations and limits. We know that all children, especially young children, need to know where they stand, but it is particularly important for youngsters who come from chaotic environments to have firm, but appropriate, limits. It should be noted that they do not always take to this kind of structure easily. It is not something they have experienced before and the newness of it may cause anxiety and tension just as any new situation does.

Some children may see the structure of a new setting as an opportunity to assert themselves and force the adults into power struggles. Children who feel powerless may constantly try to provoke adults to a battle of wills in an effort to make themselves feel important. But even though some of the neediest children may rebel against structure, no matter how benign, it is important to provide it so that the boundaries are clear.

Within the confines of a comfortable and consistent schedule, with clear expectations about behavior, children should be offered many, many opportunities to express themselves. Children need to air their emotions. They need to tell their stories. And they can do this in several activities that can be a part of any good program for young children.

Play is, of course, the most universal activity of children that is not life sustaining. It is through play that children learn about the physical and social world. As they play children develop a map of their universe, a map that helps them make sense of the complexities that is the world today. For children who live in chaos and violence, play, in the context of a corrective experience, offers them a chance to redraw their world maps.

Play provides an avenue for children to express their feelings. Children who are angry or hurt can take their anger out on toys, dolls, and stuffed animals. Children who feel isolated or lonely can find solace in pretending to have lots of friends. Children who are frightened can seek safety within a game by pretending to be babies. Or they can pretend to be big and strong so they do not have to be afraid.

In other words, children can play out their own scenarios, changing their real life situations to their own design. They can invent happy endings. They can reverse roles and become the big people instead of the small people. They can become the aggressors, rather than the victims.

Play also allows children to repeat some of the bad things in their lives. We might think that children would want to forget the frightening or horrible things that they have experienced and would put them out of their minds. We might think that their play would reflect happy experiences. And many times it does. But some children gain strength from repeating situations that were overwhelming to them.

We have known for a long time that traumatic events have a way of staying with us, and are often repeated in dreams. We know that some adults talk about devastating events over and over. They tell their friends about what happened to them. They talk to people they hardly know about what happened. Adults through talking and children through their play gain control over trauma by repeating it again and again. The repetition allows the trauma victim to absorb the experience

little by little; to come to grips with what happened, and to learn to accept it or live with it.

A kindergarten teacher in a Chicago public school was discussing her dilemma concerning two boys in her classroom. All the children were at their tables engaged in drawing when she noticed these boys crawling under the tables pretending to have guns. When one of the boys saw the teacher watching them, he reassured her, "Don't worry, we're just playing breaking into an apartment." Her question was: Should she let the play continue or should she offer a more socially acceptable way way of behaving? How should she react? One of the Head Start teachers in the group told us that the boy who was taking the lead in this game had been in her class the year before and his family's apartment had been burglarized. The boy had been very frightened and after that experience had changed from a confident, outgoing youngster to a quiet and withdrawn child. Here it was a year later, and he was just beginning to play out his experience. He was becoming the aggressor in the play, instead of the helpless victim. And he was regaining some of his old confidence.

In addition to having many opportunities for dramatic play, children can also benefit from a chance to paint and draw. Just as some children make sad or frightening events into happy occasions in their play, children often draw pictures of happy times, even when they are living in far from happy circumstances. They draw pictures of nice houses with flowers and trees and sunshine. Others draw pictures that are, or that represent, the disturbing things in their lives. They draw angry or violent pictures and find solace in expressing their feelings through art, and conquering their fears by putting them on paper.

Storytelling is another way children have to handle difficult situations and express their inner thoughts. The telling of stories can be an excellent way to open up communication between adults and children. It can establish rapport between

the two, and lay the basis for further discussions of the child's difficulties. One advantage of storytelling is that it is easier for the adult to understand stories than to interpret drawings or play, and it makes it possible to engage in a conversation with a child about his or her story.

This does not mean that the stories children tell can be accepted verbatim. Just as play and drawing allow children to express themselves in fantasy, so do stories offer them a chance to communicate an idea or feeling without acknowledging its closeness to reality. Nor can adults necessarily understand a child's story without having some outside information about the child's life. When consulting with the children's workers at a shelter for battered women, I was told a story a child had dictated about his recurring dream. This is what he said: "I dreamed of someone taking me away. He was dressed like a lady but he had a moustache. I went inside the house. It was dark. The lights were out and there were people inside having a party. It was ugly. They were eating worms and they asked me to try one. I took one and threw it away. Then I opened the door and the light came on in there and I saw there were no more ghosts and I saw I was sleeping. When I dream like that I become afraid." It was obvious that the boy was expressing his fears, but we did not understand the meaning of the details. Not until one of the workers who knew the mother, reported that the abusive father was bisexual, and brought his male sexual partners to the family's apartment. It then became clear that in addition to struggling with feelings about an abusive father, the boy was also frightened and confused about the meaning of his father's behavior and probably about his own sexual identification. In this case, the child was able to tell about a disturbing dream through the telling of a story.

If we understand what children are telling us through their stories we can help them by participating with them in storytelling. Gardner, a psychologist, used mutual storytelling in his therapy with children. After the child told a story, he told

the same story but with a different, healthier ending. Although teachers are not therapists and should not try to be without proper training, they can engage children in joint storytelling sessions and offer alternative endings to the stories told by the children. Let me give an example. Josephine, a child of an abused mother, told a story about a girl with red eyes who bit and scratched her mother because she was angry at her and the devil got into her body. The worker listened and accepted her story, thereby accepting the child's feelings. In subsequent sessions, after establishing a more trusting relationship with the child, the worker told her a story about the same little girl who told the devil not to bother her, and talked to her mother about how she was going to try harder to be nicer. By using the same characters and theme, she offered the little girl another way of relating to her mother. However, what added to the effectiveness of this interaction was the counseling that was done with the mother by the social worker. In these sessions the mother was helped to see that she was taking some of her anger out at her daughter -- anger that she really felt towards others.

Our direct work with children is invaluable, but if we can combine it with help to parents and communication with them, we increase the effectiveness of our interventions. Young children are best understood in the context of their families and communities. We need to know the facts about a child's life situation, and that information is best gained from the adults who know the child well.

In addition to gaining information from parents, it is well accepted that the most effective help to a child is in collaboration with help to the family. Since the child is entwined with his family for many years, it is important to make changes in his familial relationships if possible. Even small changes can be important. For instance, helping

a mother accept her child's immaturity and not expect grownup behavior from him can make a big difference in his life.

I am not suggesting that teachers and other child specialists must also be social workers and parent therapists. However, the person who makes contact with a child is often in a good position to establish a working alliance with the child's parents. This alliance can then be used to refer parents to community agencies, clinics, churches, or self-help groups for the support, guidance, or therapy that they need. Making a good referral that sticks takes skill and patience. It cannot be done quickly, which means that teachers and day care workers must have the time to talk to parents and to make home visits if necessary. They must have time to establish contact with families as an essential part of their work with children who suffer the consequences of violence.

I have spelled out a formidable task for those who work with young children who have been traumatized by violence. But then, nobody said it was going to be easy. There are no simple solutions to difficult problems, but I am convinced that the professionals who see children on a daily basis can perform an important service to them. This does not mean they can cure all their ills and solve all their problems, but they can offer them a chance to face and accept their feelings and to see alternative ways of relating to others. If we can help some, not all, but some children find alternatives to destructive behavior, be it toward themselves or others, we have helped break the cycle of violence.

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